


Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name PMC REGIONAL HOSPITAL		Telephone Number Est 812-206-7660 Own (812) 206-7624		Date of Inspection 05/02/2022	ID#
Address 4023 REAS LN, NEW ALBANY IN 47150		Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow Up	Released 05/12/2022
Owner DENNIS MEDLEY (CEO)				Menu Type 1 __ 2 __ 3 __ 4 <u>X</u> 5 __	
Owner's Address 3626 GRANTLINE RD STE 205 NEW ALBANY, IN 47150-					
Person in Charge RACHEL ENGLAND					
Responsible Person's Email RJONES@PMCINDIANA.COM					
Certified Food Handler WHITNEY ROBERTS					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
411		X		Observed 2 lightbulbs out in kitchen	1 week
392		X		Observed dumpster lid open.	today
Summary of Violations C <u>0</u> NC <u>2</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): 	
cc:		cc:		cc:	